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TO: **Economic Support Supervisors
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Training Staff
Child Care Coordinators
W-2 Agencies**

FROM: Amy Mendel-Clemens
Communications Section
Bureau of Health Care Eligibility

BHCE/BWP OPERATIONS MEMO

No.: 03-68 Corrected

Date: 12/03/2003

Non W-2 ☒ W-2 ☐ CC ☐

PRIORITY: HIGH

SUBJECT: **DHFS FORMS AND PUBLICATIONS
FOR INCOME MAINTENANCE PROGRAMS**

EFFECTIVE DATE: IMMEDIATELY

PURPOSE

The purpose of this memo is to:

1. Inform IM workers what forms/publications are required to be distributed at application or review.
2. Provide information regarding forms and publications produced by DHFS including their location, ordering process and where to direct questions.
3. Appointment of a forms coordinator for each partner agency.

BACKGROUND

Program specific forms and publications used by Income Maintenance (IM) workers in the administration of the Medicaid (MA), Food Stamp (FS), and Caretaker Supplement (CTS) Programs, have been moved to the Department of Health and Family Services (DHFS) website. Many forms and publications are available for download directly from the web site; others should be ordered, if available in printed format, from DHFS.

A form is a document, notice, or worksheet that an IM worker uses to process an IM case. A publication is a brochure, fact sheet, or participant handbook used to describe the IM programs.

NOTE ➤ W-2 and Child Care are not administered by DHFS. Forms for these programs can be found on the following DWD Workweb site <http://workweb.dwd.state.wi.us/forms/viewsort/list.asp> A password is required to access these forms and publications.

POLICY

The table below outlines the forms/publications necessary to be given to applicants/recipients at application or recertification.

REQUIRED FORMS AND PUBLICATIONS

Scenario	Program	Form/Publication
Client Registration	FS	<ul style="list-style-type: none"> Food Stamp Eligibility and Benefits brochure PHC 16012
	MA	<ul style="list-style-type: none"> Medicaid Eligibility and Benefits brochure PHC10025
Intake Interview (new application)	FS	<ul style="list-style-type: none"> Addendum to the CAF DWSW-2378-1 Change Report Form HCF 16066 or 16006 EBT Card & PIN Responsibility Statement HCF 16007 EBT Q&A PHC 16008 EBT Wallet Card PHC 16009 Good Cause Notice DWSW 2018
	MA	<ul style="list-style-type: none"> Addendum to the CAF DWSW-2378-1 Change Report Form HCF 10137 Notice of Assignment for Support DES 2477 Good Cause Notice DWSW 2018
Recertification (review)	FS	<ul style="list-style-type: none"> Addendum to the CAF DWSW-2378-1 Change Report Form HCF 16066 or 16006
	MA	<ul style="list-style-type: none"> Addendum to the CAF DWSW-2378-1 Change Report Form HCF 10137
Another Program of assistance is open, request is made for FS	FS	<ul style="list-style-type: none"> FS Application (short version) HCF 16019A (Applicant keeps Important Information section) Addendum to the CAF DWSW-2378-1 Change Report Form HCF 16066 or 16006 Food Stamp Eligibility and Benefits brochure PHC 16012 EBT Card & PIN Responsibility Statement HCF16007 EBT Q&A PHC16008 EBT Wallet Card PHC16009 Good Cause Notice DWSW 2018
Another Program of assistance is open, request is made for MA	MA	<ul style="list-style-type: none"> Medicaid Eligibility and Benefits brochure PHC 10025 Addendum to the CAF DWSW-2378-1 Change Report Form HCF 10137 Notice of Assignment for Support DES 2477 Good Cause Notice DWSW 2018

Adding a child to an open case or parent leaves the home (resulting in a new referral to the Child Support Agency)	FS	<ul style="list-style-type: none"> • Good Cause Notice DWSW 2018
	MA	<ul style="list-style-type: none"> • Notice of Assignment of Support DES 2477 • Good Cause Notice DWSW 2018

NOTE ➤ The next version of the FS Eligibility and Benefits brochure will include fair hearing information and will incorporate the EBT Q&A and EBT Wallet Card. The current version of the MA Eligibility and Benefits brochure already includes the fair hearing Information.

OTHER RELATED FORMS OR POSTERS

The forms or posters listed below can be ordered using form DMT-25 (Forms/Publications Requisition form):

WHAT TO BRING WITH YOU FORM

In response to requests from agencies, we are in the process of updating this form's current language to include all the programs. This will continue to be available in print form as well as available on the forms website.

COMBINED APPLICATION FORM – MA AND FS

We have received requests to develop a combined application form for FS and MA. We understand the need to have a paper form for those instances where the worker may be doing a home visit application or review. However, rather than increase the number of application forms that we currently print, we have come up with an alternative. The FS application form, HFS 16019B contains all of the questions needed for a MA determination, except for the medical coverage questions. Therefore, we are developing a one-page Food Stamp Application Supplement for Medicaid/BadgerCare Applications HCF 10138, which can be used with the FS Application form to gather the health insurance information. Using both of these forms will allow you to gather the information to process a combined application/review for FS and MA.

ADDENDUM TO THE APPLICATION/REGISTRATION

This information will soon be incorporated into the printed CARES CAF. In the meantime, continue to hand out the DWSW-2378-1 as required.

Supplies of the English version are available in print form. Spanish and Hmong versions will have to be downloaded from either the DWD or DHFS website. To order a supply of the English version, send your request to:

Barbara Albrecht
DWD/DWS
P.O. Box 7972
Madison, WI 53707-7972
E-mail: barbara.albrecht@dwd.state.wi.us
FAX: (608) 267-3240

FNS REQUIRED SIGNAGE

Currently the only poster required by FNS to be posted in agency offices is “Justice for All” PHC 09004. This poster can be ordered through the division forms office at the address listed under the Ordering Paper Forms and Publications section later in this memo.

NOTICE OF INTENT TO FILE A LIEN

The Medicaid Notice of Intent to File a Lien (NOIFL) form has been updated to conform to the DHFS form requirements. The form number has been changed to HCF 13038 (formerly DES 2339), along with other minor format changes. You may still use your supply of the NOIFL forms, as long as the revision date is no later than **01/2000**. Please ensure that your agency’s supply of the NOIFL form is current. Any NOIFL form used with a revision date before **01/2000** does not include applicable legal notice for all recoverable programs. HCF 13038 is a 3-ply form and will not be available for download via the internet.

CUSTOMIZING FORMS/PUBLICATIONS

Agencies may not remove any information or lines from state designed and required forms or publications. Optional forms or publications such as “What to Bring with You” may only be altered to include agency specific information such as letterhead and a contact name and number. Agencies may not substitute their own application or other forms, unless approved by DHFS.

ONLINE FORMS AND PUBLICATIONS**Eligibility Management Website**

A website designed to meet the needs of the IM worker has been developed and is now available. The “Eligibility Management” website is located at <http://www.dhfs.state.wi.us/em/index.htm>.

NOTE ➤ This website is a work in progress. If you have any suggestions for improvements, please submit them to: hipplDC@dhfs.state.wi.us.

NAVIGATING TO THE ELIGIBILITY MANAGEMENT PAGE

1. Go to: <http://www.dhfs.state.wi.us>
2. Click on: Partners and Providers
3. Click on: County/Tribal/Local Partners
4. Click on: Income Maintenance

This website contains links to the DHFS forms and publications for MA, FS and CTS. This page may be saved as a favorite and used to access these specific pages.

The forms are listed in alphanumeric order by the official form number. Note that the 3 digit alpha prefix is part of the form number. For example the HCF 16006 Food Stamp Change Report comes before the PHC 16000 Wisconsin Food Stamp Fact Sheet. The 3 digit alpha prefixes in this example are “HCF” and “PHC.” There are subsections for applications, other forms, and translations of those forms. Each subsection lists the forms in alphabetic order by form name. Where appropriate, the previous form number is given in red font. A link to the online form is given in blue font. Clicking on the link

opens the form in Adobe Acrobat's pdf format. This standard is used for all IM forms and publications pages.

1. **Forms/ publications by form number:** http://dev.dhfs.state.wi.us/em/numerical_list.htm
2. **FS forms:** <http://www.dhfs.state.wi.us/em/fsformslist.htm>
3. **FS publications:** <http://www.dhfs.state.wi.us/em/fspublist.htm>
4. **Medicaid forms** (except SeniorCare): <http://www.dhfs.state.wi.us/em/formslist.htm>
5. **Medicaid publications:** <http://www.dhfs.state.wi.us/em/publist.htm>
6. **SeniorCare forms:** <http://www.dhfs.state.wi.us/em/scformslist.htm>
7. **SeniorCare publications:** <http://www.dhfs.state.wi.us/seniorCare/information.htm>
8. **BadgerCare publications:** <http://www.dhfs.state.wi.us/badgercare/general.htm>
9. **CTS forms:** <http://www.dhfs.state.wi.us/em/ctsformslist.htm>

SEARCHING TIPS

1. If you are certain you know a document is a form or a publication, go to the specific form or publications page for the program. Visually search the list by the form name.
2. If you are unsure of the document name or whether it's a form or a publication, go to the page that lists all IM forms and publications. Internet Explorer has a search function that you can use on any web page. Go to *Edit* in the toolbar, choose Find (on this page), and enter the document name, number, or a part of the document name or number. Your search result will be highlighted. If the result is not the document you want, click on *Find Next* to go to the next search result. If you do not find what you want, refine your search.
3. An alternate search method is to go to the DHFS main web page at <http://www.dhfs.state.wi.us/>, enter the form name or number in the search field and click on "Go." This search engine searches all web pages and documents on the DHFS site, so results may vary.

FUTURE CHANGES

The Division of Health Care Financing is researching ways to improve the process for finding IM forms. Eventually, a searchable database will be available that will allow users to search for IM forms or publications by name, number, program type, etc. Users will go to one web page only to access the searchable database.

OTHER USEFUL LINKS ON EM PAGE

The Eligibility Management page also includes links to other useful IM resources such as:

- Food Stamp Handbook (<http://www.dwd.state.wi.us/desfshbk/handbook/>)

- Medicaid Handbook (http://www.dhfs.state.wi.us/em/ma_handbook/index.htm)
- Operations Memos (http://www.dhfs.state.wi.us/em/ops_memos/index.htm)
- DHCF Administrator Memos (http://www.dhfs.state.wi.us/em/admin_memos/index.htm)
- CARES Guide (<http://workweb.dwd.state.wi.us/dws/manuals/caresguide/default.htm>)
- DWD Training site (<http://www.dwd.state.wi.us/destrain/trainsec/default.htm>)
- Income Maintenance Advisory Committee (I.M.A.C.) Website (<http://www.imac.state.wi.us/>)

NOTE ➤ The resources formerly available on the CARES Call Center website are available on this page.

ORDERING PAPER FORMS AND PUBLICATIONS

In an effort to save the cost of printing, storing and mailing forms and publications, we are no longer printing less frequently used forms and publications but are expecting workers to download what they need from the web site when appropriate.

More frequently used forms and publications or those that we mandate you provide at application/review, will continue to be provided in print. The next MA handbook release will include an updated table of forms and publications. These forms and publications can be ordered by fax, email or by the preferred method, using the DHFS DMT-25 form. Send your request to "Forms/Publications Requisition" to:

Division of Health Care Financing
Attn: Steve Bowe
PO Box 309
Madison, WI 53701-0309
Bowesh@dhfs.state.wi.us
Fax: 608-266-1096

INSTRUCTIONS TO COMPLETE THE DMT-25

1. Under the "Ship To", fill in your organization name, attention line (person to receive order), street address (required), city, state, and zip code. A post office box without a street address cannot be accepted.
2. Fill in the current date in the box for Date.
3. Fill in your telephone number in the box for Requestor's phone number.
4. Fill in the quantity you need to last you 3 to 6 months, along with the form or publication number and title.
5. Retain the blue copy for your records.
6. Send the white and yellow copy to the address listed above.

NOTE ➤ Do not combine requests for forms and publications on the same DMT 25 form. Complete a separate DMT 25 for forms and one for publications. Additional DMT 25 forms can be requested at the same time an order is placed for other documents.

FORMS COORDINATORS

We would like to streamline communications with IM agencies regarding forms availability, when new ones are published, when old ones are obsolete, etc. To facilitate that communication we would like each agency to designate a Forms Coordinator and back up. Please send the Forms

Coordinator name, phone number and e-mail address to: colecj@dhfs.state.wi.us by December 1, 2003.

CONTACTS

BHCE CARES Information & Problem Resolution Center

Email: carpolcc@dhfs.state.wi.us
Telephone: (608) 261-6317 (Option #1)
Fax: (608) 267-2269

Note: Email contacts are preferred. Thank you.

DHFS/DHCF/BHCE/JE